DESIGNATED OFFICE 0881GNATED OFFICE 32) 305-5483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE
APPLICANT(S)

		1- 0-20 0.	W 11111	- 0144.	10-070)		CLAIN	<u> </u>						
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		/IS	*		1.			
	IND,	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.	DED.
-1	1 /	1					1	51		-	1	DEF.	IND.	DEP.
2	<u>· </u>						1	52			 	 	-	
3		<u> </u>					İ	53		 	 		 	 -
4		1.	<u> </u>					54			 		<u> </u>	
5		1 1					Ī	55			 			
6		<u> </u>					•	56			1		 	
7	_	1.				·	1	57					 	 -
8		1						58					 	
.9	<u> </u>	1						59						-
10		l i						60			7			
11		1						61						
12	 	1						62			 -			
13		11.						63						
14_		1						64						
15	-		·					65						
16		.1						66						
17	-	1						67						
18 19	-	- /						68						
20	-							69						
21	-	7					ļ	70				`		
22	1.	- ; ·						71						
23		+					- 1	72						
24		7				+	ŀ	73						
25		Ţ					}	74						
26		/					H	75						
27		1.					}	76						
28	1						. 1	77						
29			.				H	79						<u>:</u>
30							ŀ	80						
31.							十	81						
32								82		$\overline{}$			- 	
33							1	83						
34				- £-		:	. [84			•			
35								85					$\overline{}$	
36	 		<u> </u>				Ľ	86		T	•			
37								87						
38								88 ·						\neg
39	 -			<u> </u>				89						
40	 						. [90						
41			-				L	91			·			
42		 					L	92			<u>.</u>			
43 44							.	93					·	
45	100	-	-+	 -	-+		 -	94						
(*3	- 13	\rightarrow					-	95						
/	<u>-1</u>						 -	96					_	
	`;						-	97						
49	┍╌╌┼						-	98			***			
ND.	ce	1				1	18	OTAL T	- 1 -					
TOTAL DEP.	24.				_	-	70	TAL.		- ا ال		1 L		
ELAIME							TO	TAI	PA DES	Notice of	_	٦. ٦	-	ا ف
PTO-1360			***	AY BE US	ED POR.	DDITION	ALCE.	LIMS OR A					200	
			,	: •				-we ur a	MENDMB	WIR P	B. DEPAR Sent and Ti	TMENT O	COMME!	RCE